

ANNUAL SCHEDULE OF BENEFITS



MEDICAL PLAN

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315  
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200  
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325  
www.healthinonetmt.com

MEDICAL RATES

Monthly and Per Paycheck Premiums				
	New West	Blue Choice	Traditional	Peak
Employee	\$638/\$319	\$624/\$312	\$642/\$321	\$622/\$311
Employee & spouse	\$819/\$409	\$774/\$387	\$798/\$399	\$776/\$388
Employee & children	\$725/\$362	\$684/\$342	\$704/\$352	\$686/\$343
Employee & family	\$849/\$424	\$802/\$401	\$828/\$414	\$806/\$403
Joint Core	\$681/\$340	\$640/\$320	\$660/\$330	\$644/\$322

MEDICAL PLAN COSTS

Annual Deductible  
(Applies to all services unless noted or a copayment is indicated)

Coinsurance Percentages (% of allowed charges member pays)  
General  
Preferred Facility Services (See pages 41-42 for a list of preferred/ non-preferred facilities)  
Non-Preferred Facility Services

Annual Out-of-Pocket Maximums  
(Maximum coinsurance paid in the year; excludes deductibles and copayments)

You pay the deductible and coinsurance on allowable charges (see glossary on page 8).

MEDICAL PLAN COSTS

Hospital Inpatient Services\*

\*Pre-certification of non-emergency hospitalization is strongly recommended & required by some plans - see plan descriptions.

Room Charges
Ancillary Services*
Surgical Services*

Hospital Outpatient and Surgical Center Services\*

BENEFIT YEAR 2010

NON-MEDICARE MEDICAL RATES (under age 65)

Monthly Premiums	New West	Blue Choice	Traditional	Peak
Retiree	\$638	\$624	\$642	\$622
Retiree & spouse	\$894	\$844	\$872	\$848
Retiree & children	\$789	\$744	\$768	\$748
Retiree & family	\$916	\$866	\$894	\$868
Retiree & Medicare spouse	\$777	\$734	\$756	\$736
Retiree & Medicare spouse and child	\$819	\$774	\$798	\$776

MEDICARE MEDICAL RATES (age 65+)

Monthly Premiums	New West	Blue Choice	Traditional	Peak
Medicare retiree	\$268	\$260	\$264	\$264
Medicare retiree & spouse	\$544	\$510	\$524	\$514
Medicare retiree & children	\$468	\$438	\$448	\$440
Medicare retiree & family	\$570	\$536	\$550	\$538
Medicare retiree & Medicare spouse	\$482	\$450	\$462	\$454
Medicare retiree & Medicare spouse & family	\$518	\$486	\$498	\$488

TRADITIONAL PLAN Administered by BCBS of MT	MANAGED CARE BENEFIT PLANS BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT NEW WEST - Administered by New West Health Plan PEAK - Administered by Peak Health Plan	
	Benefits	In-Network Benefits      Out-of-Network Benefits
	\$600/Member \$1,800/Family	\$425/Member \$850/Family      Separate \$550/Member Separate \$1,100/Family
	25% 20% 35%	25%      35%
	Average of \$2,500/Member  Average of \$5,625/Family	\$2,000/Member \$4,500/Family      Separate \$3,000/Member Separate \$6,750/Family
	Member Coinsurance:	Member Coinsurance/Copayment:      Member Coinsurance:
	20% - 35%	25%      35%
	20% - 35%	25%      35%
	20% - 35%	25%      35%
	20% - 35%	25%      35%

ANNUAL SCHEDULE OF BENEFITS

MEDICAL PLAN SERVICES

Physician/Professional Services (not listed elsewhere)
Office Visits
Inpatient Physician Services*
Lab/Diagnostic/Injectables/Miscellaneous Charges*
Emergency Services
Ambulance Services for Medical Emergency
Emergency Room (If there is an inpatient emergency admission, see plan description for authorizing follow up care.)
Hospital Charges
Professional/Ancillary Charges
Urgent Care Services
Facility/Professional Charges
Ancillary - Lab/Diagnostic/Surgical Charges
Maternity Services
Hospital Charges*
Physician Charges (including delivery, pre and post-natal office visits) and lab charges*
Ultrasounds*
Routine Newborn Care
Inpatient Hospital Charges
Preventive Services (see plan descriptions for what services are covered and when)
Adult Exams and Tests
Adult Immunizations (such as Pneumonia and Flu)
Allergy Shots
Child Checkups and Immunizations
Mental Health Services
Inpatient Services* Max: One inpatient day may be exchanged for two partial hospital days.
Outpatient Services
With Employee Assistance Plan (EAP) counselor referral
With NO EAP counselor referral

BENEFIT YEAR 2010

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25% (no deductible for first two non-routine office visits)	\$15/visit (covers office visit charges only)	35%
25%	25%	35%
25%	25% (no deductible on injectables without an office visit)	35%
25%	\$200 copay	\$200 copay
20%-35%	\$150/visit for facility charges only (waived if inpatient hospital or out patient surgery coinsurance applies)	\$150/visit for facility charges only (waived if inpatient hospital or out patient surgery coinsurance applies)
25%	25%	25%
25%	\$35/visit	\$35/visit
25%	25%	25%
20% - 35%	25%	35%
25%	0% (no deductible) with enrollment in prenatal program in first trimester of pregnancy; 25% otherwise	35%
25%	25% (waived on first ultrasound if member enrolls in prenatal program as described above)	35%
20% - 35% (no deductible)	25% (no deductible)	35%
25% (no deductible) Max: 2 bone density tests/lifetime Max: \$500 for colonoscopy, sigmoidoscopy, or proctoscopy	\$15/visit (including specified labs) 0% (no deductible) for periodic mammograms 25% for periodic bone density scans, EKG sigmoidoscopies, double contrast barium enemas, proctoscopies & colonoscopies	35% (plan pays \$75.00 for periodic mammograms - no deductible)
\$50 Max (no deductible)	\$15 with office visit 25% (no deductible) without office visit up to \$10	35%
25% (no deductible)	\$15 with office visit 25% (no deductible) without office visit up to \$10	35%
25% (no deductible) 0% (no deductible for County Health Department through age 7)	\$15/visit Max: Schedule recommended by US Department of Health & Human Services	35%
20% - 35% Max: 21 days (No max for severe conditions)	25% Max: 21 days/yr (No max for severe conditions)	35% Max: 21 days/yr (No max for severe conditions)
25% Max: 40 visits/yr (No max for severe conditions)	\$15/visit Max: 30 visits/yr (No max for severe conditions)	35% Max: 30 visits/yr (No max for severe conditions)
50% Max: 20 visits/yr (No max for severe conditions)	\$15/visit Max: 30 visits/yr (No max for severe conditions)	35% Max: 30 visits/yr (No max for severe conditions)

ANNUAL SCHEDULE OF BENEFITS

MEDICAL PLAN SERVICES

Chemical Dependency Services

Inpatient Services* <i>(Inpatient services must be certified. Pre-certification is strongly recommended.)</i>
Outpatient Services*
With EAP counselor referral
With NO EAP counselor referral

\*\*Dollar max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

Rehabilitative Services - Physical, Occupational, Cardiac, Pulmonary, and Speech Therapy\*

Inpatient Services*
Outpatient Services

Alternative Health Care Services

Acupuncture
Naturopathic
Chiropractic

Extended Care Services

Home Health Care*
Hospice*
Skilled Nursing*

Miscellaneous Services

Disease Process Education & Dietary/Nutritional Counseling
Durable Medical Equipment, Appliances, and Orthotics* <i>(Prior authorization required for amounts &gt;\$1,000)</i>
PKU Supplies
Obesity Management* <i>(All plans require prior authorization)</i>
TMJ Treatment* <i>(All plans require prior authorization)</i>
Infertility Treatment* <i>(All plans require prior authorization)</i>
Bariatric Benefit* <i>(Requires prior authorization)</i>

Organ Transplants *(Must be certified. Pre-certification is strongly recommended.)*

Transplant Services (including out-of-state travel)*
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BENEFIT YEAR 2010

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20%-35% Max: Dollar Limit**	25% Max: Dollar Limit**	35% Max: Dollar Limit**
25% Max: 40 visits and Dollar Limit**	\$15/visit Max: Dollar Limit**	35% Max: Dollar Limit**
50% Max: 20 visits and Dollar Limit**	\$15/visit Max: Dollar Limit**	35% Max: Dollar Limit**
20% - 35% Max: 60 days/yr	25% Max: 60 days/yr	35% Max: 60 days/yr
20% - 35% Max: \$2,000/year for all outpatient (\$10,000/year for prior auth. conditions)	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) Max: 25 visits in any combination	\$15/visit Max: 20 visits/yr	35% Max: 20 visits/yr
25% Max: 70 days/yr	\$15/visit Max: 30 visits/yr	35% Max: 30 visits/yr
25% (20% - 35% if hospital-based) Max: 6 months	25% Max: 6 months	35% Max: 6 months
25% (20% - 35% if hospital-based) Max: 70 days/yr	25% Max: 30 days/yr	35% Max: 30 days/yr
20% - 35% Max: \$250/yr	0% (no deductible) Max: \$250/yr	35% Max: \$250/yr
25% Max: \$100 for foot orthotics (per foot)	25% (Not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)	35% (not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)
25%	25% (no deductible)	35%
25%	25% non-surgical only	Not covered
25%	25% surgical only	Not covered
25% 1 in-vitro attempt per lifetime	25% Max: 3 artificial inseminations/lifetime	Not covered
25% Lifetime Max: \$35,000	Not covered	Not covered
25% <ul style="list-style-type: none"><li>• Liver: \$200,000</li><li>• Heart: \$120,000</li><li>• Lung: \$160,000</li><li>• Heart/Lung: \$160,000</li><li>• Bone Marrow: \$160,000</li><li>• Pancreas: \$68,000</li><li>• Cornea/Kidney: No maximum</li></ul>	25%  \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	Not covered

# MEDICAL INSURANCE PLANS - 2010

Administered by:  
Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • [www.bluecrossmontana.com](http://www.bluecrossmontana.com)  
New West Health Plan • 1-800-290-3657 or 457-2200 • [www.newwesthealth.com](http://www.newwesthealth.com)  
Peak Health • 1-866-368-7325 • [www.healthinfo.net/mt.com](http://www.healthinfo.net/mt.com)

## WHO IS ELIGIBLE?

Employees, Legislators, Retirees, COBRA members and their dependents (spouse, domestic partner, children) are eligible for the medical plan. Employees are required to be enrolled in medical coverage unless they waive the entire benefit package. For more information about dependent eligibility, see page 18.



## HOW TO DECIDE THE RIGHT PLAN FOR YOU

1. Read about each plan in the General Information section on this page.
2. Review/compare each plan's costs, deductibles and services in the Schedule of Benefits starting on page 10 or through the SOME information resource available on the MINE or [www.benefits.mt.gov](http://www.benefits.mt.gov).
3. Review your typical health care needs compared with the structure of the plans.
4. If you are considering a managed care plan, review the Managed Care Areas section on pages 38-40.
5. Determine which plan will work best for your personal situation.
6. If you choose to change plans for the 2010 benefit year, indicate your choice on the *Individual/Retiree Benefits Statement* or on-line as indicated on pages 4-5.

## GENERAL INFORMATION

The State of Montana offers an indemnity insurance plan and three managed care plans to choose from:

- Traditional Indemnity Plan
- Blue Choice Plan
- New West Health Plan
- Peak Health Plan

## LIFETIME MAXIMUM

The lifetime maximum (the maximum the plan pays) per person on the plan is \$2 million.

## TRADITIONAL PLAN

The Traditional Indemnity Plan is administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service and notices to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network — providers who have agreed to accept certain plan allowances.

## How The Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, they will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/

or coinsurance costs) to the provider. The Plan then pays the remaining allowable charges, which the provider accepts as full payment. Please verify a provider is currently participating by calling BCBS or checking their website shown above.

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges that you will have to pay.

## Preferred Facility Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals and surgical centers offer services for members on the Traditional Plan that are subject to lower coinsurance rates. Please refer to the Participating Facilities section on page 41 for a list of these facilities. For your protection, it is strongly recommended to pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

## Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

## MANAGED CARE PLANS

Blue Choice, New West Health Plan, and Peak Health Plan are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in premium costs, providers and requirements for receiving services.

## How They Work

The benefits of managed care plans depend on the health care provider that the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required plan authorization is obtained).

## In-Network Benefits

Anytime a network provider is used, the in-network (highest level of benefit) is applied. For a complete listing of all in-network providers including specialists, check the plan administrator's website or call their Customer Service number. An authorization is not required for the plan member to see an in-network specialist. Plan authorizations are required to see an out-of-network specialist and receive the plan's in-network benefits.

## Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, without a required authorization, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

To obtain an authorization to see an out-of-network provider from New West or Blue Choice plans, the member **MUST** contact the plan administrator directly.

Referrals for the Peak Plan are obtained through your Primary Care Provider.

## Major Plan Differences

The major difference in the managed care plans are the participating providers and premium costs.

Check which providers participate by visiting the plan websites listed on page 16.

## Out-of-State Services

Plan members may receive in-network benefits for medical services in other

states for a medical emergency. For non-emergency services out-of-state, please contact your plan administrator for specific provider network information.

## SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world. The plan includes services of any covered providers. However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The managed care plans — Blue Choice, New West Health Plan, and Peak Health Plan — are available to members living in certain areas in Montana. Please see pages 38-40 for a complete listing of covered zip codes for each plan.

## Blue Choice

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, and Havre.

## New West Health Plan

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, Havre, Libby, Miles City and Lewistown.

## Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, and nearby communities.

## QUESTIONS

For specific questions related to how the plan works, network issues or service areas, please contact the plan administrators at the numbers listed on page 16.

## INTRODUCTION TO QUALITY CARE CHOICES

The Quality Care Choices program offers focused disease management and case management services by Health Care & Benefits Division nurse case managers and contracted vendors. These professionals work with State plan members identified by specific disease states, the participant's medical providers and families to provide medically appropriate, effective and cost efficient care. Participants are identified for these programs by meeting one of the following criteria:

- chronic health care needs that may be reduced through participation in one of the disease management program listed;
- a need for wellness promotion or health coaching;
- having significant medical risks; or
- receiving treatment for a catastrophic illness or injury.

The State of Montana health plan offers the following new disease management programs to its participants to assist in managing their care:

## Infusion Services Program

The State Plan has partnered with **Walgreens OptionCare** to offer an infusion services program. This program is available to plan members needing prescription drugs administered by infusion therapy (Synagis, Remicade, Tysabri, Orencia, Reclast, Boniva, Immune Globulin – IVIG). For more information, contact Walgreens OptionCare at 1-800-449-1256 or Health Care & Benefits at 1-800-287-8266 or visit our website at [www.benefits.mt.gov](http://www.benefits.mt.gov).

## Oncology Management Program

The State Plan has partnered with the **Billings Clinic** to offer a pilot oncology/cancer treatment program available to plan members requiring these types of services and live in certain designated geographic areas of Montana. For more information, contact the Billings Clinic at 1-877-537-6421, Health Care & Benefits at 1-800-287-8266, 444-7462 or visit our website at [www.benefits.mt.gov](http://www.benefits.mt.gov).

If you currently seek services as listed above and agree to participate in the Quality Care Choices program, you may receive your care for **NO OUT-OF-POCKET COST** as the plan may **WAIVE** your co-payment, coinsurance and deductibles.